



Wolfhounds Youth Rugby

2011 Registration Form

Player's Name:	Date of Birth	Boy / Girl	Jersey: Kids S;M;L Adult: S; M; L; XL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Can attend Jamboree on August 6th Y / N _____			
Would like to volunteer to coach Y / N _____			
Address: _____		City, Zip: _____	
Home Phone: _____		Email : _____	
Cell Phone: _____		Email: _____	
Parent/Guardian Names: _____			

Parental Consent and Consent for Medical Treatment:

I, the parent or guardian of the player(s) named above, do hereby give my permission in my absence for any necessary emergency medical treatment to be administered by a licensed physician. I also give my approval for his/her participation in all Wolfhounds Rugby Club activities and assume all such risks and hazards incidental to participation. I absolve, indemnify and agree to hold harmless Boston Irish Wolfhounds Rugby Club, the Irish Cultural Center, sponsors, coaches and other participant's from all such risks and hazards.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Fee:

Registration: \$50 per Child

Please make check payable to BIWRFC and mail John O'Kelly at 8 Caitlin Lane
Topsfield MA 01983.

For more information please contact:

John O'Kelly 617-504-1171 or email to jpokelly@yahoo.com. There is also some info on Youth Rugby at to www.biwrfc.com